

Scheduled Planning Commission Meeting
(Held every 2nd and 4th Wednesday of the month at 3:30 p.m.)

Date Requested: _____
Applicant(s) scheduled on the agenda will be notified

Office Use Only

Date Filed _____
Accepted by _____
Filing Fee Pd. _____
Receipt # _____

APPLICATION IS DUE TWO (2) WEEKS PRIOR TO MEETING

APPLICATION FOR ZONING AMENDMENT
CITY OF TROY PLANNING COMMISSION
(MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK)

(READ SECTION 1139 OF THE ZONING CODE BEFORE COMPLETING APPLICATION)

An application for an amendment to the City of Troy, Ohio Zoning Code that would change the zoning classification for the property located at _____
(Street Address)

being lot number(s) _____ from _____ to _____
(Parcel Identification Number) (Existing Zoning Classification) (Proposed Zoning Classification)

OWNER

APPLICANT

Name _____
Address _____
City _____
State _____
Zip Code _____
Phone No. _____
Fax No. _____
Email _____

Name _____
Address _____
City _____
State _____
Zip Code _____
Phone No. _____
Fax No. _____
Email _____

The applicant is the _____ of the property, which is subject to this application.
(State the interest of the applicant)

PLEASE PROVIDE THE FOLLOWING:

1. The reasons for seeking a change in the zoning classification or zoning text: Attach as **EXHIBIT "A"**.
2. The legal description of the land proposed to be reclassified: Attach as **EXHIBIT "B"**.
3. A site plan prepared by a registered engineer, surveyor or architect in duplicate drawn to such scale as to clearly show:
 - a. The actual dimensions of the subject property according to the recorded plat of such property, lot numbers, it's present zoning classification, existing and proposed uses: Attach as **EXHIBIT "C"**.
 - b. The present zoning classification of all surrounding lands located within two hundred and fifty (250) feet of the land proposed to be reclassified: Attach as **EXHIBIT "D"**.
 - c. A list (see example) of the names, addresses, and lot numbers of the owners of property within a radius of two hundred and fifty (250) feet from the parcel or parcels of land proposed to be reclassified: Attach as **EXHIBIT "E"**
 - i. Include one (1) copy of County Tax Maps
 - ii. Include two (2) sets of mailing labels
4. 2 complete sets (Exhibits A-E) reproducible in a format no larger than 11"x17"
5. Filing Fee of \$150.00 made payable to the City of Troy

I HEREBY DEPOSE AND SAY THAT THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL THE EXHIBITS PREPARED BY ME AND TRANSMITTED HERewith ARE TRUE.

(Applicant Signature)

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____
(Month/Date/Year)

(Notary Public)

(For Office Use Only - Do Not Write Below This Line)

REQUIRED DOCUMENTS:

| | | |
|----------------------------------|------------|--|
| _____ | EXHIBIT A | Reasons for Zoning Reclassification |
| _____ | EXHIBIT B | Legal Description |
| _____ | EXHIBIT C | Site Plan: lot dimensions, lot numbers, current zoning, existing and proposed uses |
| _____ | EXHIBIT D | Site Map with Zoning & Owners within 250 feet of parcel |
| _____ | EXHIBIT E | Property Owners List within 250 feet of parcel |
| _____ | Labels | Two (2) Sets of Mailing Labels of Property Owners |
| _____ | Copies | Fifteen (15) Complete Sets in a reproducible format 11"x17" |
| _____ | Map(s) | One (1) County Tax Map(s) |
| _____ | Filing Fee | Check issued to City of Troy for \$150.00 |
| Additional Documentation (List): | | |

PLANNING COMMISSION DISPOSITION:

PUBLIC HEARING DATE

RECOMMENDATION TO CITY COUNCIL

CITY COUNCIL DISPOSITION:

1st Reading: _____ 2nd: _____ 3rd: _____ PUBLIC HEARING DATE

COUNCIL COMMITTEE RECOMMENDATION

Approved: _____ Denied: _____ CITY COUNCIL ACTION

Ordinance Number: _____

Effective Date: _____

Revised 10/25/11